| MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-008708$ | | | | | | | | |
|--|----------|------|-----------|---------------|---|--|--|--|
| DO NOT WRITE | AME | NDFD | | R | egistration District No. 318 (Primary Registration District No. 1003 Registrar's No. 1602 | .E NUMBER | | |
| ON THIS STUB | | | | | PLACE OF DEATH [2. USUAL RESIDENCE (Where deceased lived. If institu | tion: Residence before | | |
| VS 300 | le l | 1 | | • | a. COUNTY a. STATE Missouri b. COUNTY | admission) | | |
| Rev. 4/59 | 9 | | | _ | b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stey in 1b c. CITY | Inside Limits | | |
| 1 | AMENDED | | | l | TOWN St. Louis | Yes No | | |
| <u> </u> | | | | | c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ADDRESS (If cutside, give location) ADDRESS | 1 | | |
| 2 206 | PATE - | | | l — | INSTITUTION Homer G. Phillips Yes No 1341 Montclair | Yes No D | | |
| 3 | 7 | | 1 | 3 | (Type or print) | Day Year | | |
| 4 2 | | | 1 | <u> </u> | | 4 62 YEAR IF UNDER 24 HR | | |
| | | | | ٩ | TO COLOR ON WACE I AT MANIES TO INTEREST OF DIVINE I | Days Hours Min. | | |
| 5 / | | ı | | 10 | a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZE | N OF WHAT COUNTRY | | |
| 6 | ≨ | | | l | during most of working life, even if retired) Scullin Steel South Carolina | USA | | |
| 7 / | } | | | 13 | a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR | WIFE | | |
| и э ! | 1 1 1 1 | | | <u> </u> | Charles Scott Priscilla ? ? Mary Scott WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address | | | |
| 9 | ? | | | (Y | es, no, or unknown) (If yes, give war or dates of service no | ntclair | | |
| | [| | 5 | 1 | 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: | INTERVAL BETWEEN ONSET AND DEATH | | |
| 10 | ا ا ا | | ME | | IMMEDIATE CAUSE (a) Cerebral Thrombosis | Undet. | | |
| 11 | 50 | | DOCUMEN. | 1 | | | | |
| 1277-0 | NSTEAD | | ŏ | | Conditions, if any, DUE TO (b) | <u> </u> | | |
| 13 | | + | 4 | | above cause (e), stating the under-tying cause last. DUE TO (c) | | | |
| | 5 | | | š | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | ised was female was regnancy in last 90 days. | | |
| / 7 | <u> </u> | | | CAT | Diabetes Mellitus | □ No □ Unknown | | |
| BLACK INK OR RITER RIBBON | | | | CERTIFICATION | 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 1 | RT II of item 18.) | | |
| | | | | WEDICAL | 20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. | | | |
| | | | OF . | * | 20d. INJURY OCCURRED WHILE AT WORK 100 | STATE | | |
| A & # | READ | | | , . | 21. I attended the deceased from 1-18-62 , to 2-4-62 and last saw him elive on 2-4 | -62 | | |
| B | DR | ľ | | | Death occurred at 9:40 perm on the date stated above, and to the best of my knowledge, from | the causes stated. | | |
| USE BLACH OR TYPEWRITER | SHOULD | | | | 22a. SIGNATURE (Degree or title) 22b. ADDRESS | 22c. DATE SIGNED | | |
| <u>}</u> | 18 | | 1 1 | | Sydlicy W. Arearch Mar 2601 N. Whittier Street | 2-5-62 | | |
| | | + | <u>\</u> | 23 | BURTAL, (REMATION, 23b. DATE 11 23c. NAME OF CEMETERTIOR CREMATORY 23d. LOCATION (City, town, or county) | | | |
| | N NO | | AFFIDAVIT | | Removal (Specify) 9 February 62 Washing Con-Park Cemetery Berkeley, FUNERAL DIRECTOR ADDRESS 1 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE | Mo. | | |
| | ITEM | | BY A | 24 | ATKINS EROS. 3644 Finney Ave. FEB 7 1982 Load Amu | Th. 19.0. | | |

STATEMENT BY LICENSED EMBALMER

| I hereby c | ertify that the body whose name is | recorded on the reverse side of this certificate was embalmed by me, |
|------------------|--|--|
| or by | | Student Embalmer No |
| working under my | y personal supervision. | Signed States (Connected Connected C |
| Student | Signature of Student Embalmer | Licensed Embalmer No. 4476 |
| _ : | ************************************** | P. O. Address 2405 Marcus |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revolution of license).

If embalmed by a STUDENT, he also to in his OWN processing.

If this body is not embalmed, fact specific to so stated above.